TELEMEDICINE TOOLKIT

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AUTHORS AND ACKNOWLEDGEMENTS

INTRODUCTION

The purpose of this toolkit is to provide guidance and reference for organizations to implement or expand their telemedicine/telehealth programs. The toolkit is also an excellent resource for those who would like to gain a deeper understanding about telemedicine in general, the structure of a telemedicine program, and what steps are required to successfully implement and maintain a telemedicine program.

This toolkit provides an overview of telemedicine, areas to consider for getting started, strong information governance (IG) practices to achieve success, and the various requirements necessary to stay compliant and deliver effective healthcare.

Defining Telemedicine

During the past several years, healthcare providers have been striving to provide access to high-quality healthcare in the most cost-effective manner. Telemedicine is defined by the American Telemedicine Association (ATA) as "*the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status.*"[1]

Defining Telehealth

The Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services defines telehealth as "*the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.*"[2]

Medicare also defines telehealth as "*providing care via interactive audio and video telecommunications systems.*"[3] View this CMS outreach and education presentation for more details about telehealth.

Telemedicine and Telehealth

Though telemedicine is often used interchangeably with the term *telehealth*, there are specific restrictions on who can implement, provide, and use these services. The term *telehealth* includes a broad range of technologies and services to provide patient care and improve the healthcare delivery system as a whole to allow for the delivery of remote healthcare services. Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit. This (telemedicine) technology is frequently used for follow-up visits, management of chronic conditions, medication management, specialist consultation, and a host of other clinical services that can be provided remotely via secure video and audio connections.

Additionally, there are specific professional codes (CPT/HCPCS) that can be used to report telemedicine and telehealth services. Apart from the federal requirements, there are many state regulations that pertain to telemedicine and telehealth. For a complete list of state regulatory requirements, the American Telemedicine Association (ATA) State Policy Resource Center provides a complete list of state regulatory requirements.

As telemedicine and telehealth become the new and timely methods of delivering quality and cost-efficient healthcare with "real time" assessments for patient care when patients are not physically present, health information professionals need to ensure that appropriate documentation is reflected in the record and adherence to all regulatory requirements are met.

Telemedicine and telehealth are increasingly being used to overcome barriers and to improve access to modern medical services. These services historically have not been consistently available to patients in distant remote/rural locations. These services are also increasingly popular in urban areas as a convenient solution to quality care without leaving home.

In both rural and urban areas, telemedicine and telehealth can be useful alternatives for those with mobility challenges, such as patients who cannot drive or who require a wheelchair. Telemedicine and telehealth can also be used in critical care and emergency situations.

Telehealth and telemedicine can be invaluable to the provider and the patient. These remote care services allow for the provider to assess a patient without utilizing increased facility resources, but while increasing the patient's access to care. This permits the patient to have a timely, interactive conversation and modified assessment to determine if a patient needs to visit the closest emergency room, change a course of medication treatment, or in some cases review vital signs to determine next steps.

*Author's Note: For the purposes of this toolkit, we will refer to the term *telemedicine* throughout.

A Deeper Look into Telemedicine

Driven by faster internet connections, ubiquitous and improved smartphone technology, and changing health insurance coverage standards, more healthcare providers are turning to telemedicine to provide quality and timely services to their patients. Telemedicine facilitates rapid improvement to an individual's health by providing a two-way (bi-directional) interactive communication between the patient and the healthcare provider.

Though there are many categories of telemedicine, below are three of the main categories:

1. **Asynchronous** (store-and-forward): Acquiring medical information and transmitting this data to a qualified healthcare professional at a convenient time for assessment offline

2. **Synchronous** (real-time interactive services): Using live interactive technology to provide real-time interactions between the patient and a qualified healthcare professional

3. **Remote patient monitoring**: Remote patient monitoring by medical professionals using various technological devices[4]

There are different specialties that provide telemedicine services. The liveClinic blog identified the top 10 for 2017:[5]

1. **Teleaudiology:** Tele-audiology is the utilization of telemedicine to provide audiological services and may include the full scope of audiological practice.

2. **Telecardiology:** ECGs, or electrocardiographs, can be transmitted using telephone and wireless. Willem Einthoven, the inventor of the ECG, actually did tests with transmission of ECG via telephone lines. This was because the hospital did not allow him to move patients outside the hospital to his laboratory for testing of his new device. In 1906 Einthoven came up with a way to transmit the data from the hospital directly to his lab.

3. **Teledermatology:** Allows dermatology consultations over a distance using audio, visual, and data communication and has been found to improve efficiency. Applications comprise healthcare management such as diagnoses, consultation, and treatment as well as (continuing medical) education.

4. **Telenursing:** The use of telecommunications and information technology in order to provide nursing services in healthcare whenever a large physical distance exists between patient and nurse or between any number of nurses.

5. **Teleophthalmology:** A branch of telemedicine that delivers eye care through digital medical equipment and telecommunications technology. Today, applications of teleophthalmology encompass access to eye specialists for patients in remote areas, ophthalmic disease screening, diagnosis, and monitoring; as well as distance learning.

6. **Telepathology:** The practice of pathology at a distance. It uses telecommunications technology to facilitate the transfer of image-rich pathology data between distant locations for the purposes of diagnosis, education, and research. Performance of telepathology requires that a pathologist selects the video images for analysis and the rendering diagnoses.

7. **Telepharmacy:** Telepharmacy is the delivery of pharmaceutical care via telecommunications to patients in locations where they may not have direct contact with a pharmacist. It is an instance of the wider phenomenon of telemedicine and implemented in the field of pharmacy.

8. **Telepsychiatry:** Utilizes videoconferencing for patients residing in underserved areas to access psychiatric services. It offers wide range of services to the patients and providers. These include consultation between the psychiatrists, educational clinical programs, diagnosis and assessment, medication therapy management, and routine follow-up meetings.

9. **Teleradiology:** The ability to send radiographic images (X rays, CT scans, etc) from one location to another. The most typical implementation are two computers connected via the Internet. The computer at the receiving end will need to have a high-quality display screen that has been tested and cleared for clinical purposes. Sometimes the receiving computer will have a printer so that images can be printed for convenience.

10. **Telerehabilitiation:** The delivery of rehabilitation services over telecommunication networks and the Internet. Most types of services fall into two categories: clinical assessment (the patient's functional abilities in his or her environment) and remote clinical therapy.

For a full list of terms related to telemedicine, refer to the American Telemedicine Association's (ATA) glossary.

The Practice of Telemedicine

The practice of telemedicine is not limited to a particular type of healthcare organization. In fact, telemedicine is widespread among many specialties to broaden their patient reach and enhance access to care. Below are a few examples of locations/providers that practice telemedicine services:

- Hospitals
- Physician practices
- Emergency departments
- Skilled nursing facilities
- Long-term care facilities
- Pharmacies
- Rehabilitation facilities
- Psychiatric facilities
- Correctional facilities

Each of these organization types must follow similar requirements to remain compliant with regulatory and other legal requirements. See the "Requirements" section of this toolkit for more information.

Although telemedicine allows individuals in rural areas to gain better access to healthcare, based on the 2013 study Exploring the Digital Nation: America's Emerging Online Experience, analytics show that telemedicine is more prevalent in urban communities.[6] The digital era and increasing technological advancements has allowed patients to seek the most efficient patient care, even if the care provider is easy to physically access. The demand for these services is going to continue to increase and the expectations of quality care are going to follow. For more information on these findings, read the *Clinical Innovation + Technology* article "More use of telemedicine in urban, not rural areas."

SUPPLEMENTAL RESOURCES:

The Department of Corrections (DOC) in California has been known for its advancement in the use of telemedicine as a way to provide high-quality care to inmates in the most efficient and safe manner.

For more information on the California DOC telemedicine program, see Attachment A.

Policy: Department of Corrections Policy on Telemedicine

Procedure: Department of Corrections Procedure on Telemedicine

VETERANS ADMINISTRATION IMPLEMENTATION

In 2017, the White House announced that the Veterans Administration (VA) will expand access to healthcare for veterans via telemedicine services. According to the White House, the "anywhere to anywhere VA healthcare" initiative will roll out in 2018.

This Veterans Administration initiative will likely result in a significant expansion of the telemedicine market. The roll-out of these nationwide services will be the basis for other national telemedicine initiatives to follow suit. Read the full White House announcement.

BENEFITS AND CHALLENGES TO TELEMEDICINE

Benefits

As the healthcare industry continues to expand technologically, the consumer demand for more convenient care has increased. Telemedicine not only meets these consumer demands but provides many other benefits for both consumers of healthcare and healthcare organizations.

Aside from mandatory regulatory requirements, it is often difficult to move any project or program forward if there is no motivation or expected return. However, telemedicine has a number of benefits that drive organizations to implement their own telemedicine programs as a way to provide care in a more efficient manner, as well as to stay competitive with other healthcare organizations practicing telemedicine.

ENHANCED ACCESS TO CARE

Telemedicine provides patients with enhanced access to care. Telemedicine can be provided via patient-owned technology or nearby satellite telemedicine hubs. Both of these options provide a more convenient alternative for patients seeking care.

Many patients in rural areas do not seek the care they need due to a lack of physical access to nearby healthcare. Community hospitals or clinics may be more easily accessible than others; however, specialists may be difficult to access from rural locations. These patients with chronic conditions must make the extra effort to see their specialist and receive necessary treatment, or in some cases, wait longer than they should. With the availability of telemedicine, patients in rural areas can seek medical attention more conveniently and efficiently without compromising their own health or enduring a burdensome travel experience.

In contrast, many patients in urban areas are also using telemedicine for healthcare. Telemedicine technology and applications are just a few clicks away for patients on smartphones, tablets, and laptops. Staying home sick from school or work has become more manageable with telemedicine. Common colds, body pains, and other ailments can be assessed, diagnosed, and prescribed electronically making the patient experience more convenient. In addition, the timeliness factor is critical for some patients who need immediate medical attention.

Both rural and urban patients can choose from a wider variety of qualified telemedicine providers and specialists rather than the providers who are closest.

TIMELINESS

Timeliness of patient care is an important factor in the quality of healthcare and overall patient satisfaction. Some patients can't afford to spend time traveling or may not have the means to travel to a healthcare organization in an emergency or alarming situation. Telemedicine allows for convenient healthcare when it is needed. In some cases, an emergency telemedicine appointment can save lives; providers can give medical advice for self-treatment, order prescriptions for immediate use, or submit orders to see specialists. In other, less-critical scenarios, patients can simply be diagnosed and treated (or prescribed medication) in an efficient and timely manner.

Additionally, telemedicine can be used at other provider sites. Providers, nursing, or ancillary staff can use telemedicine technology to communicate with providers or specialists off site. These off-site providers could play a critical role in a patient's treatment regimen. This approach is becoming increasingly popular at healthcare organizations.

Overall, the timeliness that telemedicine provides can lead to more efficient and higher-quality care leading to better patient outcomes and higher patient engagement and satisfaction.

ENHANCED PATIENT ENGAGEMENT AND SATISFACTION

As a result of regulatory and healthcare reform requirements such as meaningful use and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), patient engagement, patient satisfaction, quality of patient care, and cost reductions are top priorities for healthcare organizations and providers. Although these requirements are a driving factor, providers are nonetheless seeking the best methods to increase patient engagement and patient satisfaction scores. Telemedicine is a method proven to increase patient engagement and the timeliness of care, which leads to better patient care outcomes.

According to *mHealth Intelligence*, "The telehealth field can have a great impact on patient engagement by further stimulating interest in patients tracking their medical conditions, outcomes, and overall wellness. Telemedicine tools can help patients remain in contact with their physicians, receive much-needed answers to their questions, and generate greater engagement with one's medical status."[7]

Patient satisfaction can stem from a variety of areas related to telemedicine:

- Active engagement in own health information and treatment
- Increased access to a wider variety of providers and specialists
- Increased likelihood of scheduling a necessary appointment for those with a lack of access to provider sites
- Ease of receiving medication prescriptions
- Ease of seeking medical advice for non-critical conditions
- Ease of seeking medical advice for critical or emergency situations in a timely manner
- Ease of use of telemedicine applications
- Little to no travel time to receive care
- Avoidance of patient waiting rooms

It is essential to gather feedback from telemedicine encounters as a way to identify opportunities that can be more beneficial to the patient, the provider, and the organization. This feedback will play an important role in patient satisfaction and the overall quality of telemedicine healthcare that is delivered. Feedback from the providers using telemedicine should also be obtained.

A GROWING DEMAND AND COST SAVINGS

The advancement of technology has conditioned consumer-focused markets to provide easy, efficient, and convenient products and services. As a result, the demand for these products and services is going to continue to grow as consumer expectations increase.

The Emerging Trend

Telemedicine has evolved into a "hot topic" in the healthcare industry and is spreading at a rapid rate. Companies and employers want to utilize telemedicine technology and services and include it in their benefits plans. These companies and employers are willing to pay so that their employees and beneficiaries have the ability to use covered telemedicine services.[8] In reference to the above benefits, health insurance beneficiaries will have better access to healthcare, timelier healthcare services, treatment, and follow-up, and higher satisfaction and engagement in their own health information and treatment. All of these areas affect the outcome of patient care and will potentially lead to healthier employees.

In the Medicare Physician Fee Schedule 2018, CMS proposed paying for new care services delivered via telehealth.[9]

A report from QuantiaMD discusses the opportunities for expanding practice and improving healthcare delivery.[10] The report specifically discusses the emerging trend of integrating telemedicine into a practice:

- 62 percent of physician respondents say they're not currently offering virtual visits to patients but are "interested in learning more"
- 57 percent of physician respondents say they're willing to conduct video visits with their patients
- 60 percent of primary care physician respondents say that if a nearby hospital offered them a chance to consult with specialists via video, it would increase their likelihood of referring patients to that hospital

In 2015, *mHealthIntelligence* reported that 29 states plus Washington, DC, had enacted telemedicine coverage laws.[11]

Cost Savings

In regard to the telemedicine organization itself, cost savings will be an important factor to monitor as a way to offset the initial implementation costs of the program, track progress, identify areas of opportunity for providers, identify areas of opportunity in reimbursement, and determine resource allocations.

In May 2011, the Centers for Medicare and Medicaid Services (CMS) released its final rulemaking changes to the Medicare Conditions of Participation (CoP) for critical access hospitals (CAH) to allow reimbursement for inpatient and outpatient telemedicine consultations. The reimbursement guidelines stipulate that telemedicine consultations may be billed at the same rates as face-to-face consultations, and telemedicine consultation documentation must meet the same standards as a face-to-face encounter.

Based on the CMS final rule for telemedicine reimbursement, there is considerable opportunity for reducing underpayments in the billing and reimbursement departments, assuming that all documentation from the provider meets the necessary requirements. It is important that the proper policies, procedures, and best practices are in place to ensure the healthcare organization is being reimbursed properly while reducing unnecessary expenses in other areas. See the "Reimbursement Requirements" section of this toolkit for more information.

Challenges

INITIAL COSTS AND INVESTMENTS

The initial costs associated with the development and implementation of a telemedicine program can be expensive. Resources are used for planning, coordinating and consulting with potential vendors, implementing new technologies, complying with all requirements, training, go-live, initial support after go-live, and the time of all telemedicine staff.

Electronic systems can be costly to purchase, develop, implement, and maintain. In addition, all appropriate staff should be fully trained on the systems. The willingness to change and adhere to new processes is dependent on the culture of the organization and the employees themselves.

The transition takes time and resources; however, organizations that implement telemedicine programs are broadening their market reach, staying competitive, and have greater opportunities for revenue generation, noted in the "Benefits, Cost Savings" section of this toolkit.

LACK OF FACE-TO-FACE INTERACTIONS

Patients want to be sure that the care they receive is personal and tailored to them as an individual. These patients want to have an established and trusted relationship with their providers. However, the virtual environment of telemedicine programs can be perceived as impersonal.

Providers should ensure that all telemedicine encounters are interactive, personalized, and empowering for the patient. In addition, the telemedicine system application environment should be interactive. The innovation and creativity of the system and personalized patient encounters will lead to higher patient satisfaction and patient engagement scores.

PATIENT TECHNOLOGY

Remote encounters often involve technology or internet connections that are not provided by the telemedicine organization. Patient computers, tablets, or smartphones may be used to connect with providers. Telemedicine encounters at the patient's home are connected through the patient's home Wi-Fi network where interface issues at the patient location may occur such as lagging video feed, low-quality video, or internet outages.

In addition, a patient's home Wi-Fi network or mobile device does not have the same security features as an organization's system. This could potentially risk patient privacy and security. The telemedicine platform and feed must be secure and encrypted during all patient encounters.

For some patient encounters, the technology itself can be a challenge. Some patients may not be as familiar with the functionality of their mobile devices, internet connection, or telemedicine application. It is important that providers remain patient and offer guidance along the way.

Some telemedicine organizations utilize telemedicine hubs or local clinics for patients to go to for telemedicine services. These hubs or clinics help to avoid technology issues that may arise at the patient's home.

PAYMENT AND INSURANCE COVERAGE

Although telemedicine is an emerging trend, many services are not covered by insurance companies. Every state has different rules and regulations regarding telemedicine services. Patients who would be excellent candidates for telemedicine services may not be covered and would need to pay out-of-pocket.

As mentioned in the "Benefits" section of this toolkit, employers are more willing to include telemedicine services in their benefits plans. Insurance companies are starting to agree to coverage of these telemedicine services. In fact, the 2018 CMS Proposed Rule for Outpatient Prospective payment has proposed to pay for new healthcare services through telemedicine.[12]

Although telemedicine coverage is expanding, much work remains to be done before telemedicine becomes part of all insurance providers' coverage.

To avoid documentation challenges, refer to the "Documentation Requirements" section of this toolkit.

GETTING STARTED

Provider communities continue to hear about telemedicine and are becoming increasingly interested in how such a program could be implemented in their organizations. Healthcare providers may want to start a telemedicine program quickly, but it is important to ensure that appropriate technology and resources are available to safely provide such service.

Because of the slow adoption of telemedicine in the United States, there are inconsistencies in the application of legal requirements and reimbursement across state lines. As such, organizations must review and understand the myriad legal requirements and assess the reimbursement barriers before implementing such a program.

Information Governance

It is important for a telemedicine program to align and correspond with the organization's information governance (IG) program initiatives. AHIMA defines information governance as "an organization-wide framework for managing information throughout its lifecycle and for supporting the organization's strategy, operations, regulatory, legal, risk, and environmental requirements."[13] AHIMA's Information Governance Adoption Model (IGAM™) encompasses 10 IG competencies that strengthen the goals, strategies, and missions for all enterprise-wide initiatives and programs, including telemedicine.

Aligning the telemedicine program with current IG best practices will allow for trustworthy, reliable, and secure data and information to be used to make strategic business and clinical decisions surrounding telemedicine that will transcend throughout the organization's business units. Many of the business units will play a role in the telemedicine process (i.e., clinical, finance, revenue cycle, IT).

A successful telemedicine program focuses not only on technology but begins with the participation of key senior leaders, IG committee staff and a project plan that is aligned with the organization's strategic plan. Examples of strategic objectives that can be tied to a telemedicine project include:

- Improving the delivery of safe and affordable care
- Enhancing patient experiences and outcomes
- Business growth opportunities
- Potential reduction in readmissions

For more information about IG, refer to the 2017 AHIMA Information Governance Toolkit 3.0.

The Telehealth Resource Centers identify the steps to getting started with a telemedicine program:[14]

Step 1: Assess and Define
- Identify and document the need and rationale for the envisioned telemedicine program
- Define the healthcare or other services your telemedicine program will deliver
- Describe how the targeted services will be delivered
- Perform a market analysis to determine if there is a market for the service you are proposing to provide and a willingness and mechanism to pay for it
- Define who "owns" the record
- Define who is responsible for the amendment, release of information, policies on breach handling, etc.
- Determine if the telemedicine program scope will cross state lines

Step 2: Develop and Plan
- Use all the information collected in Step 1 to create a plan that details all the areas that require work during the implementation

- Define all the tasks needed to build, test, deploy, and operate the program
- Determine who will be needed to perform the tasks
- Estimate the hours required to do the work (effort)
- Estimate the timeline for the work
- Determine if additional staff are required in certain areas
- Develop a plan to monitor program performance and evaluate the program

Step 3: Implement and Monitor

- Put into action the plans, decisions, and approaches identified in Step 2
- Begin monitoring the program using the approaches identified in Step 2

STAKEHOLDER ENGAGEMENT

Engaging the various stakeholders impacted by a telemedicine program is critical to the success of the project. According to the 2017 AHIMA Information Governance Toolkit 3.0, "A stakeholder refers to an individual, group, or organization that has a direct or indirect interest or stake in a particular organization: these may be consumers, business, societal partnerships, government, research institutions, and non-government organizations."[15]

TELEMEDICINE STAKEHOLDERS

- Business office
- C-suite executives and senior leaders
- Providers
- Clinical and ancillary informatics
- Department leaders including line-of-business department/team leaders

- Education/training
- Health information management (HIM)
- Human resources
- Information technology, information systems, and privacy and security
- Legal/risk management
- Marketing
- Nursing
- Patients
- Patient safety
- Quality improvement leadership
- Receiving healthcare provider site
- Registration
- Regulatory/compliance departments
- Revenue cycle/ finance

A governance committee that oversees the telemedicine program will ensure appropriate resources are allocated and the alignment to strategic goals is in place. Organizations may also benefit from a medical advisory team to ensure quality services and set clinical policies and procedures related to the scope are in place.

Developing the Project Plan

A successful telemedicine program requires effective management, project planning and information governance. Careful, precise planning will allow organizations to identify potential issues and identify ways to avoid these issues, save money, and save time. Without careful planning, such issues may be overlooked, resulting in unforeseen consequences, unexpected costs, and lack of resources down the road. For example, organizations must have the ability to identify all issues relate to IT. Once the issues are identified, the organization must address these issues to avoid future potential risks such as a breach or cyberattacks.

It is important to assess the service needs and environment under which telemedicine will be provided by identifying potential telemedicine opportunities and determining the organizational readiness to provide telemedicine services. As a part of enterprise-wide information governance initiatives, the telemedicine program should align with the organization's strategic plan and have a notable positive impact on the organization once the program has been successfully implemented.

The 2017 AHIMA Information Governance Toolkit 3.0 offers helpful information regarding the development of a project plan. The project plan should identify key milestones and tasks with owners. Medical record documentation requirements, record ownership and billing issues should also be included in the project plan.

See the "Requirements" section for more information on getting started with a telemedicine program.

Policies and Procedures

Strong IG practices will require defined telemedicine policies and procedures that are an important aspect to consider before implementing a telemedicine program. The policies and procedures are the foundation of the telemedicine program and if adhered to, the program should see success. These streamlined policies and procedures will reduce operational costs, potential errors and risks once the telemedicine program is live.

The following list of policies and procedures to consider is referenced from the AHIMA Practice Brief "Telemedicine Services and the Health Record (2013 update)."[16]

For Healthcare Organizations
- Introduction to telemedicine
- References or additional resources about telemedicine
- Scope of telemedicine program
- Orientation/training of staff
- Using the equipment
- Confidentiality/privacy
- Video recording of telemedicine services
- Clinical record keeping
- Prescriptions
- Appropriate telemedicine services
- Reporting telemedicine statistics
- Technical quality of telemedicine
- Prioritization of clinical telemedicine
- Monitoring

For Telemedicine Providers
- Application or telemedicine platform
- Overview of telemedicine program and scope
- Reimbursement
- Telemedicine services offered
- Modifiers, codes, and explanation
- Telephone calls
- Internet services
- Definitions
- Q & A
- Attachments
- References

For a sample telemedicine policy for the overall telemedicine program basics, see Attachment B.

Training

One of the 10 IGAM™ competencies is "Awareness and Adherence." The awareness and adherence to any program implementation, policies, or procedures is essential to successfully changing organizational culture and allowing program initiatives to be adopted at the enterprise level.

Enterprise-wide staff awareness and adherence to the telemedicine program are crucial. The majority of business units will contribute to the telemedicine program, whether it is on the front end or the back end of the health record life cycle. As a result, it is necessary that all organizational staff are made aware of the telemedicine program policies and procedures and their individual roles in the process. This can be achieved through periodic staff training and updates about the telemedicine program. Technologies and monitoring should be in place to ensure staff awareness and adherence are met.

Provider-specific training is also critical for the success of any telemedicine program. A set curriculum or list of objectives and updated policies and procedures for the provider to adhere to will lead to a better adoption.

A training program should include a review of the organization's telemedicine policies and procedures, and any state regulations associated with telemedicine that must be followed. During the initial training, if possible, a hands-on element is crucial along with an assessment of key objectives and a refresh process. Technologies and monitoring processes should be in place to assess the telemedicine providers on the established competencies and goals of the telemedicine program as well as adherence to the telemedicine policies and procedures. The monitoring process should be automated (to the greatest extent possible) to ensure awareness and adherence is met.

The Telehealth Resource Centers have developed an in-depth strategy for telemedicine training.

To view a Sample Telemedicine Organizational Training Plan, see Attachment C.
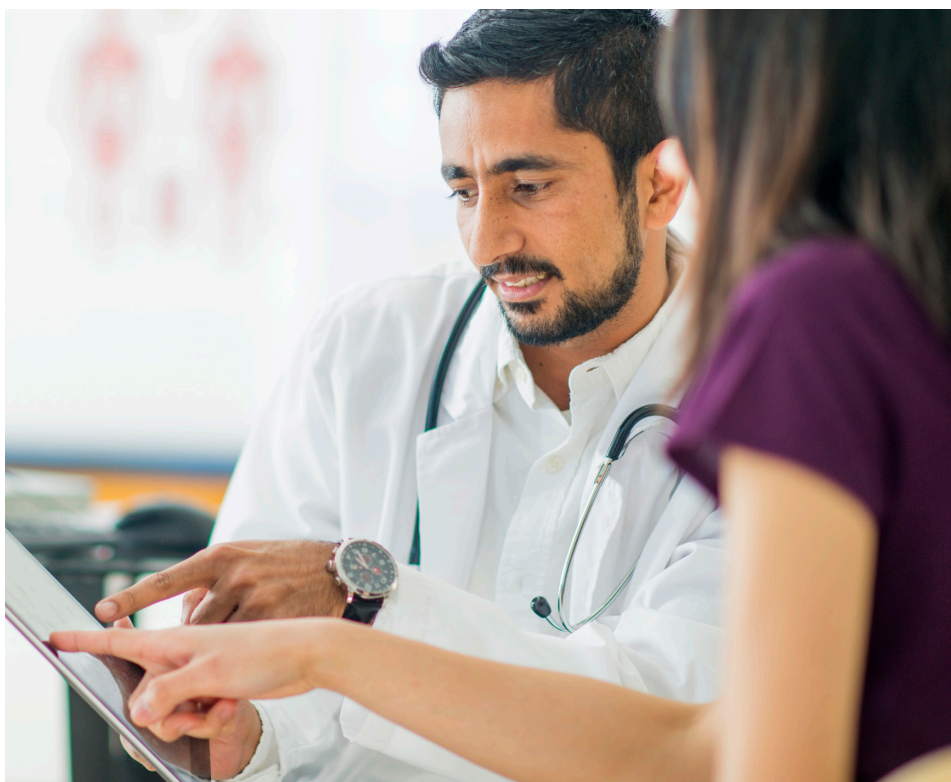
REQUIREMENTS

Telemedicine services are growing at an unprecedented rate and the implementation process can seem overwhelming. There are many aspects and requirements to consider when developing a sustainable and effective telemedicine program. These requirements must be met in order to effectively and legally manage, protect, use, transmit and store telemedicine information and to successfully run a telemedicine program. Strong IG practices will help to ensure that these requirements are met.

The following sections are addressed in the "Requirements" section:

- State requirements
- Privacy and security requirements
- Legal requirements
- Documentation requirements
- Reimbursement requirements
- Provider requirements
- Consumer experience requirements

State Requirements

Telemedicine requirements vary by state. For individual state telehealth laws and policies, refer to The CCHP State Telehealth Laws and Medicaid Program Policies.

Privacy and Security Requirements

Telemedicine can be an integral component of a patient's healthcare experience and care path. Telemedicine platforms offer patients a unique opportunity to receive care through a more convenient approach. It is

important to consider patient privacy and the security of the health information as well as the functionality of the telemedicine technology. As technological advancements continue, the concerns for privacy and security heighten. There is a higher risk for vulnerabilities and breaches if proper IT best practices and solutions are not in place. Patient safety is a priority that must be addressed as new technology systems are implemented, including a telemedicine program.

SECURE TELEMEDICINE TECHNOLOGY AND SOLUTIONS

Security is a primary starting point when evaluating telemedicine technologies. An organization's program will have a strong foundation on which to build if the confidentiality and privacy of patients before, during and after a telemedicine encounter is satisfied.

When deploying telemedicine healthcare services, IT governance, collaboration with the organization's information technology team and an understanding of available IT resources is critical. Prior to initiating any form of telemedicine, the electronic health record technology platform and other associated technology must be identified. Below are some items to consider for the scope and functionality of the telemedicine technology:

- Secure interfaces between organization and external healthcare agency or business associate
  - » Encryption of transmitted data and information is required
- Secure interfaces between organization and internet providers or application platforms
  - » Encryption of transmitted data and information is required
  - » Host of internet platform must be determined
- Sound Internet of Things (IoT) architecture and visibility across all IoT devices
  - » Adopt integrated and scalable IoT devices with advanced identification verification mechanisms
- Secure mobile health (mHealth) devices
- Ability to integrate telemedicine documentation and records into the patient's existing electronic health record
  - » New patients should be integrated as would any other new patient record
- The telemedicine technology must meet all HIPAA security requirements
- Non-disruptive security capabilities
- Ability to provide real-time virtual interactions between patient and provider, between telemedicine hub station and provider, or between an out-of-organization external provider and provider

When considering a mobile solution to support telemedicine initiatives, a program should apply IG privacy and security and IT governance best practices:

- Use HIPAA-compliant messaging, voice and file transfer, and information storage, which will enable physicians to consult securely with patients
- Provide effective and compliant storage: Patient information must be stored in secure data centers that regularly conduct risk assessments with policies in place for reviewing controls
- Integrate with existing communication systems, such as email, SMS, applications and pagers, as well as mobile phones and tablets
- Securely distribute and access sensitive information from a mobile device, transmit media over industry-standard 256-bit Secure Socket Layer (SSL) encrypted connections, and prevent access by unauthorized users or noncompliant devices
- Leverage unique user identities, including user names and passwords, and authenticated and role-based access at both the physical and IT level
- Provide clear auditing ability for monitoring data integrity and access issues

INTERNET OF THINGS (IOT)

According to the *International Journal of Innovations in Engineering and Technology*, "Internet of Things is a trending technology that is having an ever-growing network of physical objects that feature an IP address for internet connectivity, and the communication that occurs between these objects and other internet-enabled devices and systems."[17]

The enhanced connectivity allows for a wider range of efficient and effective patient care opportunities; however the advanced security of these devices is paramount. Devices such as medication pumps, cardiac implants, diabetic monitors, and heart and lung stethoscopes are examples of IoT devices that directly impact patient care outcomes. A breach or a disruption of functionality in these devices could lead to minor or major patient harm experiences.

IoT devices are an inherent piece of a telemedicine program. These devices must be integrated through sound technology architecture and the visibility of these devices is fundamental in identifying risks and vulnerabilities. Organizations should adopt an integrated framework for IoT devices that is not only scalable for future technology additions, but also has identification verification functionalities for optimal and safe care outcomes.

SUPPLEMENTAL RESOURCES

Telehealth Resource Centers: Privacy, Confidentiality, and Security

Legal Requirements

PREVENTING TELEMEDICINE FRAUD AND ABUSE: AN INFORMATION GOVERNANCE APPROACH

New systems, new technologies, new processes, and new staff resources are opportunities for fraud and abuse. These new weaknesses often have not all been identified or addressed leaving systems and technologies vulnerable. A new or existing telemedicine program should work to proactively address all vulnerabilities and manage risks.

To address and prevent fraud and abuse proactively in the telemedicine healthcare delivery setting, it is beneficial to have an IG program team approach. The IG team, which includes legal representatives, can provide legal counsel and incorporation of the telemedicine program into the organizations overall fraud and abuse compliance programs. Important issues such as state self-referral, kickback laws, corporate practice of medicine, licensing, joint ventures, contractual arrangements, and liability risk management are all issues that could help be addressed by strong IG leadership, the appropriate IG stakeholders, and effective collaboration.

COMPLIANT BUSINESS ASSOCIATE AGREEMENTS (BAA)

First it is important to identify who is a covered entity (CE) and who is a business associate (BA). For guidance on CE or BA entities, refer to the Department of Health and Human Services (HHS) and Office for Civil Rights (OCR).

It's important to understand whom the HIPAA rules apply to and how to deal with a breach of contract. According to HHS and OCR, "The Privacy Rule allows business associates to disclose protected health information (PHI) to their subcontractors when they enter into a BA agreement with them. The BAs are responsible and liable to the CE for the activities of their subcontractors who have entered into a BA agreement with them."[18]

An important aspect of these agreements is the ability to enforce them. In most cases, if a BA breaches the contract between itself and the CE or another BA, it is subject to a breach of contract claim. This rule is enforced for BAs whether they are located within the United States or not. This makes HIPAA's criminal and civil penalties applicable to BAs.

The CE should set an expectation in the BAA that the BA maintains security that adheres to all requirements. If a potential breach occurs, the CE should lead an investigation with the assistance of the BA. According to AHIMA's "Guidelines for a Compliant Business Associate Agreement," "The plan of action should include: an audit plan, four-step risk assessment, response triggers, communication protocol, chain of command, contact information, education, training, mitigation process, breach notification timeliness, content, methods of the notice, and back-up contact information for key responsible parties at the BA and CE."[19]

Compliance with HIPAA and the HITECH (Health Information Technology for Economic and Clinical Health) Act are top priorities for all healthcare delivery organizations and their business associates. Telemedicine is centered on technology functions and is transmitted through a variety of platforms. It is critical that HIPAA and HITECH compliance is met in all aspects of telemedicine to ensure the most effective patient outcomes as well as the privacy and security of patient information. Healthcare organizations must obtain business associate agreements from a number of associated parties including but not limited to:

- Telemedicine hardware vendors (domestic and offshore)
- Telemedicine software vendors (domestic and offshore)
- Medical device vendors
- Non-HIPAA covered entities
- Providers/Clinics where patients may utilize their internet services for telemedicine

Notice of Privacy Practices

Telemedicine practices must follow the same HIPAA regulations for the notice of privacy practices (NPP). Providers must inform the patient or the patient's legal representative of how their protected health information can be used or accessed. Information is more readily available to healthcare providers and it is necessary to address this in the NPP. This must be adequately documented in the patient's record.

For more information, refer to the HHS Notice of Privacy Practices for Protected Health Information rule.

CROSS-STATE LICENSURE

Cross-state licensure is a challenge that is being addressed as telemedicine practices expand. For a provider to practice, they must attain licensure in the state where the patient is located. With telemedicine, the originating site of the patient is considered the place of service, and therefore the provider must adhere to the licensing rules of the state in which the patient is located. Similar guidelines are followed when looking at malpractice lawsuits regarding cross-state practicing, where no coverage is provided when a provider is not licensed in a particular state.

The Telehealth Resource Centers provide information about cross-state licensure.

ANTI-TRUST LAWS

Anti-trust laws stop anticompetitive behavior and ensure fair pricing. They exist to promote competition among companies, which results in lower prices, more choices for consumers, and better products for a consumer to choose from. Anti-trust can arise in the telemedicine market. According to the Telehealth Resource Centers:

> Antitrust concerns may arise in certain situations involving telehealth. Electronic health records would most likely include not only clinical information, but also payment information, creating the potential for price collusion. Where one provider has access to the pricing policies of another provider (other than through open advertising) "price fixing" can occur. Price fixing is an anti-trust violation and can lead to penalties. This may create a barrier to the development and use of systems unless proper safeguards are put in place. Telehealth networks that provide equipment to remote underserved community sites at less than fair-market value to promote the development of services and referral patterns in underserved communities may risk being challenged for violating anti-trust as well as Stark laws if such actions create a monopoly.[20]

Additional resources on anti-trust laws are available from the Federal Trade Commission and the US Department of Justice.

FEDERAL ANTI-KICKBACK STATUTE

The federal anti-kickback statute is designed to protect healthcare programs and clients from fraud and abuse, specifically regarding monetary fraud and abuse. This statute can be violated anytime a person receives monetary benefit in return for receiving CMS funds (typically through referring patients). Much technology is available today to encourage and make referrals easier, and if a particular referral results in being reimbursed by the federal government, it is a violation of the federal anti-kickback statute. More examples and exceptions (called "safe harbors") to the kickback statutes can be found under 42 CFR 1001.952 and 42 U.S. Code § 1320a–7b.

SUPPLEMENTAL RESOURCES

Resources pertaining to other legal guidelines include the Stark Law, Federal Communication Commission and Telehealth, and the Food and Drug Administration:

Stark Law
http://www.telehealthresourcecenter.org/toolbox-module/federal-fraud-and-abuse-stark-law
https://www.law.cornell.edu/uscode/text/42/1395nn

C & Telehealth
http://www2.itif.org/2012-mhealth-taskforce-recommendations.pdf

http://www.telehealthresourcecenter.org/toolbox-module/federal-communications-commission-and-telehealth

FDA
http://www.telehealthresourcecenter.org/toolbox-module/food-and-drug-administration-and-state-regulations

https://www.fda.gov/MedicalDevices/DigitalHealth/MobileMedicalApplications/default.htm

Documentation Requirements

The health record is the primary communication point between healthcare providers, ancillary staff, external healthcare organizations, business associates, legal entities, and patients. The content of the health record is used to determine patient care paths, reimbursement, claims processing, legal outcomes, quality assurance, organization of records, and much more. The quality of the documentation directly affects improved patient care outcomes, accurate, timely, and appropriate reimbursement payments, and defensible legal health records used for e-discovery, legal holds, and malpractice cases.

Trusted, accurate, and governed records are essential to successful business and clinical operations. Information governance policies and procedures must cover telemedicine documentation practices to ensure that trusted information continues to flow throughout the organization without compromise of record integrity and quality as it touches the various business units or departments.

RECORD CONTENT AND REIMBURSEMENT

Telemedicine records should be kept in the same manner as other health records. The specific documentation needs vary depending upon the level of telemedicine interaction. The organization using telemedicine information to make a decision on the patient's treatment must comply with all standards, including the need for assessment, informed consent, documentation of event (regardless of the media), and authentication of record entries.

Record Content: Standards/Requirements

According to AHIMA's "Telemedicine Services and the Health Record" Practice Brief, the process for a telemedicine encounter may vary from organization to organization. However, there are some basic guidelines for the telemedicine encounter and documentation requirements.[21]

1. The telemedicine provider must assess the patient's need for telemedicine services/orders through an identification assessment process.
2. Once the need is confirmed a telemedicine appointment can be scheduled and executed.
3. The telemedicine provider is responsible for accurately documenting all required content during the telemedicine encounter.
4. The telemedicine provider completes the telemedicine encounter and will review telemedicine orders.
5. The telemedicine provider will incorporate telemedicine orders into the treatment plan.
6. Documentation of all steps and follow-up is required.

At a minimum, AHIMA recommends that each telemedicine record contain the following:

- Patient name
- Identification number
- Date of service
- Referring physician
- Consulting physician
- Provider organization
- Provider location
- Patient location
- Telemedicine order
- Type of evaluation performed
- Informed consent, if appropriate (In many telemedicine programs, the referring physician/organization retains the original and a copy is sent to the consulting physician/organization)
- Evaluation results (In many telemedicine programs, the consulting physician/organization retains the original and a copy is sent to the referring physician/organization)
- Diagnosis/impression
- Recommendations for further treatment

Recommended documentation practices for accurate reimbursement are listed in the "Reimbursement Requirements" section.

INFORMATION INTEGRITY, AVAILABILITY, AND RELIABILITY

As part of the organization's IG program, telemedicine documentation practices need to protect information integrity, ensure availability, and ensure reliability. These facets are critical for providers who are interpreting remotely and determining the best care path for patients based on the collected data and information streams. The integrity, availability, and reliability of data and information are key contributors for ensuring that correct diagnoses, patient safety and confidentiality, and high-quality care are being addressed. These documentation characteristics are essential for the best patient care outcomes as well as accurate reimbursement payments.

Telemedicine records should be consistent, accurate, and timely and should contain non-duplicative documentation. Availability and location should be noted in the health record. Telemedicine records must be trustworthy and complete and should have the ability to be appropriately accessed, assembled and used in a

timely manner by staff, legal requests, patient requests or other requests. Solid, vetted and agreed-upon policies, procedures, and technology should be developed and implemented using IG best practices and stakeholder collaboration to effectively meet these requirements and monitor them along the way.

RETENTION AND DISPOSITION

Governing information throughout all phases of its lifecycle includes retention and disposition practices. As part of the organization's IG strategy, retention and disposition of telemedicine encounters needs to be determined and documented. Telemedicine records are treated the same as other health records and should be retained and disposed of in accordance to state, federal, HIPAA, CMS, and internal record retention requirements. An organization should base its retention and disposition schedule on which requirement is most stringent.

The site Health Information & the Law has developed guidance on individual state record retention requirements.

Organizations should develop a records retention and disposition schedule and policy around all business and clinical record types based on state and federal requirements. The retention and disposition schedule should be approved by the organization's legal representatives. At a minimum, the retention and disposition schedule should include:

- Record type
- Retention period
- Triggering event for when retention period begins (i.e., date of last service, date of request, date of discharge etc.)
- Disposition method (this includes methods other than just destruction; for example, relocation is a disposition method)
- Retention citations and official citation language

The records retention and disposition policies and procedures should include the methods of final disposition and other requirements around disposition. Organizations should keep track of all records that have been properly disposed of detailing the disposition method, date, and by whom. If the final disposition is relocation to a new party, details on the new location/party should be documented. If it is disposal by a third-party vendor, a certification of destruction must be obtained.

Read the AHIMA "Retention and Destruction of Health Information (2013 update)" Practice Brief for more information on record retention and destruction requirements and accreditation agency retention standards.

STANDARDS ON TELEMEDICINE DOCUMENTATION REQUIREMENTS

The Joint Commission has accreditation standards for originating and distant sites, distant-site telemedicine providers, and provision of telemedicine services at a hospital. These standards align with the requirements of the Centers for Medicare and Medicaid Services (CMS).

Originating site: The site where the patient is located at the time the service is provided

Distant site: The site where the practitioner providing the professional service is located

Distant-site provider: A provider that has a license that is issued or recognized by the state in which the patient is receiving telemedicine services[22]

The Joint Commission revisions to telemedicine standards are available.

See pages 54-60 of the National Association Medical Staff Services NAMSS Comparison of Accreditation Standards 2017. Specifically, Joint Commission and CMS standards for telemedicine are referenced on these pages.

Telemedicine standards on record content are not specifically addressed in the standards of the National Committee for Quality Assurance, the American Osteopathic Association, or the Accreditation Association for Ambulatory Health Care.

The American Osteopathic Association has published the AOA Policy Statement-Telemedicine.

Reimbursement Requirements

Reimbursement for telemedicine services is dependent on the documentation, billing and codes (payer specific), state licensing and/or organization-specific documentation requirements. Organizations must implement solid policies and procedures that streamline the revenue cycle processes and result in accurate and timely payments.

RECORD CONTENT: REIMBURSEMENT FOR TELEMEDICINE SERVICES

CMS allows for reimbursement for telemedicine at the same rates as face-to-face encounters so long as the telemedicine encounter meets the same documentation standards. Below is a list of recommendations for documenting telemedicine encounters for accurate reimbursement payments:

1. Providers must document all encounters/ services within the medical record and provide that documentation to the originating site when applicable. Providers should document:

    a. That the visit occurred via telemedicine

    b. The physical location of the patient

    c. The physical location of the provider

    d. The names of all persons participating in the telemedicine service and their role in the encounter.

2. In the virtual environment, Level 3 and 4 reimbursements must be based on time rather than physical examinations

    a. Providers should document the length of time of the consultation visit and should note that more than 50 percent of the encounter was spent counseling/coordinating care

        ◆ Documentation should include: differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers

3. Telemedicine provider assessments should:

    a. Include 4+ history of present illnesses (HPI)

    b. Include 10+ complete review of systems (ROS)

    c. Include all 3 past, family, and social history (PFSH)

4. Documentation on telemedicine orders should include:

    a. Review/Order of clinical lab tests

    b. Review/Order of radiographs

    c. Review/Order of medical tests (PFTs, ECK, Echo, Cath)

    d. Review/Summary of old records

5. Documentation should include a statement of risk (most patients will meet a "moderate risk")

REIMBURSEMENT REFERENCES

Reimbursement and fee schedules for telemedicine services varies between insurance payers, location of provider, and location of patient. Organizations should research the reimbursement rates and policies of federal, state, and local insurance providers to develop best-practices for accurate claims submissions.

Below is a list of references for reimbursement:

CMS

CMS Telehealth Information
CMS Telehealth Resources

Covered Telehealth Services
- Covered Telehealth Services

Other CMS Criteria:
- Submitting a Request
- Request for Addition
- CMS Criteria for Submitted Requests
- Review
- Deletion of Services
- Changes
- Adding Services
- List of Telehealth Services

Medicare Learning Network:
- Medicare Learning Network- Telehealth

American Hospital Association (AHA)
- The Promise of Telehealth For Hospitals, Health Systems, and Their Communities

Insurance Companies and Managed Care
- Center for Connected Health Policy, the National Telehealth Policy Resource Center: State Telehealth Laws and Reimbursement Policies, A Comprehensive Scan of the 50 States and District of Columbia
- Center for Connected Health Policy, the National Telehealth Policy Resource Center: http://www.cchpca.org/
- Modern Healthcare: Virtual reality: More insurers are embracing telehealth
- National Conference of State Legislatures: State Coverage for Telehealth Services

Local Medical Review Policies and Medical Necessity
Local medical review policies and medical necessity issues should also be addressed.

Example:

Noridian Healthcare Solutions, Jurisdiction F—Medicare Part B. Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming. Resources:
- CMS Medicare Learning Network (MLN) Telehealth Services
- CMS MLN Matters (MM) 9034–MPFS 2015 Policies–Final Rule and Telehealth Originating Site Facility Fee Payment Amount
- CMS Internet Only Manual (IOM), Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 270
- CMS IOM, Publication 100-4, Medicare Claim Processing Manual, Chapter 12, Section 190

Provider Requirements

PROVIDER LICENSURES AND CREDENTIALS

Providers must be licensed in the state where the patient is (originating site) and credentialed at the originating site if it is another healthcare facility. Providers are responsible for being aware of and abiding by the current rules/laws governing the state of the originating sites relating to prescribing medications.

Check with the individual state medical boards. The Federation of State Medical Boards created a document that cites state telemedicine laws: Federation of State Medical Board: Telemedicine Policies.

Several states have additional position papers or policies. For example, the Ohio Medical Board has posted a position paper on telemedicine at State Medical Board of Ohio Position Statement on Telemedicine.

Read more about about cross-state licensure from the Telehealth Resource Centers (also referenced in the "Legal Requirements" section).

Telemedicine network providers must also sign an agreement to participate. Read a sample Telemedicine Network Provider Agreement.

Providers and healthcare organizations should also review third-party payer contracts to ensure that the telemedicine services are included in contracts for reimbursement.

MEDICATION PRESCRIBING

The Ryan Haight Online Pharmacy Consumer Protection Act

According to the Telehealth Resource Centers, the Ryan Haight Online Pharmacy Consumer Protection Act was signed into law in October 2008, amending the Controlled Substances Act (CSA) by defining legally permissible activities for physicians prescribing controlled substances over the Internet. The Drug Enforcement Agency (DEA) is the federal agency responsible for enforcement of the Controlled Substances Act (CSA). The Ryan Haight Online Pharmacy Consumer Protection Act is used to oversee the distribution of controlled substances over the internet.[23]

State Laws and Regulations

Each state has laws and regulations that determine if and how medication can be prescribed via telemedicine. The individual state medical and pharmacy board regulations are responsible for determining the means in which prescriptions are distributed.

Use this CCHP Reference Tool to research the individual state's telemedicine laws and policies.

RESPONSIBILITY AND ACCOUNTABILITY

Telemedicine is not a new concept. Providers have been using such technology as telephones and fax machines to aid patient care for many years, although these are not officially considered *telemedicine*. More recent telemedicine techniques help to facilitate the exchange of information from provider to provider as well as from provider to patient. Just as in other healthcare delivery scenarios, the provider bears the responsibility for their decisions in any situation involving telemedicine. Providers are responsible for determining if the severity of a patient's condition requires an in-person encounter for further analysis or if the telemedicine encounter is enough to determine next steps in the care path. As a way to determine patient care, it is important for providers to have clear and concise documentation that thoroughly describes any discussions, treatments, and procedures that are recommended during the telemedicine encounter.

Consumer Experience Requirements

Telemedicine programs often have a perceived lack of personal connection due to mobile, virtual interactions verses the traditional face-to-face interactions. It is important to add this personal aspect to telemedicine encounters. Patients will be more highly satisfied with a telemedicine encounter if they feel the care is customized, important to the provider, and still retains the warm and personal "bedside manner" despite the virtual environment. In addition, the technology used by patients should be user-friendly, interactive, flexible, and robust.

Below are some recommendations that will help to enhance a consumer's telemedicine experience:

PERSONALIZATION

The online environment should incorporate more personal attributes to enhance patient care. In this environment, providers must recognize the need and importance for more personal telemedicine encounters. Providers may have different styles, but keeping a patient engaged and more in tune with their own healthcare is necessary for higher patient satisfaction. In addition, patients who are more actively involved in their own health have been proven to see better care outcomes.

Telemedicine applications take advantage of innovation by facilitating faster, more efficient connections between patients and medical providers. Healthcare providers and caregivers must focus on the notion that telemedicine applications actually help them achieve a personalized patient experience with a more customized solution.

SELECT BEST-FIT VENDOR

Organizations should select a vendor that will meet the provider's needs as it relates to patient interaction. To ensure that providers can administer the same personal touch whether providing care in person or via telemedicine solutions, organizations need to consider a technology partner that works synergistically and understands the requirements and desired outcomes of the telemedicine encounters. Part of this includes the user-friendly aspect on both the provider and patient ends. Telemedicine encounters should be a seamless and smooth process where user-friendly functions actually enhance the experience for both the provider and the patient.

Collaborating with a vendor is an important step to ensure a high quality, reliable telemedicine platform that provides personalized and compassionate care. A HIPAA-compliant contract with a telemedicine provider should include interviews and clarity on the services that are needed, the agreement on payment, and access for the telemedicine provider. Providers should also implement appropriate quality controls to avoid misinterpretation of vendor contracts as a way to prevent fraud, abuse, or negligence.

EFFECTIVE PROVIDER ENVIRONMENT

A patient-centric system that promotes the "human touch" for the provider through technology should include:

- Mobile and web access to medical services whenever convenient and permitted, on any qualified and secure network-connected device
- A simple user-friendly interface that does not intimidate patients or physicians alike
- A robust yet flexible platform that can be configured for either home monitoring, direct patient-provider interaction
- A platform that allows various physician groups to pool provider resources and toolsets so that providers can view various on-call rosters and manage patient volume
- Picture-upload capabilities to allow patients to securely share high-definition images of their medical issues, such as a bite or rash, using a mobile device or web app via a secure network connection
- An electronic health record (EHR) system to allow doctors to see patient records and enable patients to view their invoices for insurance claims
- Certified multilingual patient care agents to assist patients with the consultation queue[24]

Organizations engaged in telemedicine programs must have consent from the patient. A simple and easy to accomplish recommendation is to include appropriate language in the organization's main consent for treatment document.

Sample Form—see Attachment D.

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